

## CORRESPONDENCE

<b>Continued use of hormonal pregnancy tests</b> C L Brewer, MRCPsych..... 437	<b>The water story</b> A Michell, PhD; G H B Martin, MD..... 441	<b>Shadow over Maltese medicine</b> P C Arnold, MB..... 444
<b>Teratogenic effects of waste anaesthetic gases</b> K McPherson, PhD, and others; D I Rushton, MRCPATH; P J Tomlin, FFARCS.... 437	<b>Schistosomiasis, metrifonate, cholinesterase, and suxamethonium</b> M F M James, FFARCS, and J M Jewsbury, PhD..... 442	<b>Malta appeal</b> E J King, MB..... 444
<b>Maternal pethidine and neonatal depression</b> M Rosen, FFARCS, and others..... 438	<b>Paracetamol overdosage</b> W D Toff..... 442	<b>Wasted women doctors</b> A Holzel, FRCP, and D H Vaughan, MFCM... 444
<b>Regional variations in the incidence of urinary stones</b> R Scott, FRCSGLAS; S Ljunghall, MD..... 439	<b>Confidentiality and life insurance</b> T M Pickard, MB..... 442	<b>Training and careers of women doctors</b> D A Jennings, BM; Berenice R Beaumont, MB..... 444
<b>Help for parents after stillbirth</b> E Lewis, FRCPsych; D Morris, FRCP..... 439	<b>Breast lumps in adolescent girls</b> Agnes M Stark, MD; D McCracken, FRCP... 443	<b>Redundant doctors</b> H H Langston, FRCS..... 445
<b>Fluids for parenteral nutrition</b> R C Smith, FRACS, and others..... 440	<b>Carcinoma in a gastroenterostomy stoma</b> S M Jones, FRCS..... 443	<b>General practitioner paediatrician</b> G D Starte, FRCPG..... 445
<b>Noxythiolin-resistant organisms</b> B Chattopadhyay, MRCPATH..... 440	<b>Yawning in pharyngeal obstruction</b> Elizabeth B Evans, MB..... 443	<b>New consultant contract</b> D L Froggatt, FRCS; J Lowther, MRCPsych 445
<b>Psychological evaluation in cases of self-poisoning</b> A Munro, MD; R Gardner, MRCPsych and others..... 440	<b>Epilepsy in Paget's disease of the skull</b> G B Tait, FRCPED..... 444	<b>Registration of overseas doctors</b> C S Ward, FFARCS..... 446
<b>Delayed respiratory depression after use of fentanyl</b> C J Wright, FFARCS; J H Williams, FFARCS.. 441	<b>Thyroid disease and asthma</b> H G J Herxheimer, LRCP..... 444	<b>The Ombudsman and the patient's notes</b> J K Brennan, FRCS..... 446
	<b>Golfers' wrist</b> J S Blackburne, FRCS..... 444	<b>Points from letters:</b> Vitamin E in treatment of Huntington's chorea (Margery Hall); Unusual complication of barium enema (A Cohen); Help for parents after stillbirth (Jean J Proud and H Banbury); Aerosol inhaler technique (D Davies); Of molluscs and men (W S Killpack); A British "Doctors' Ten"? (E I R Taylor); Phase 2 pay award (J W S Rickett)..... 446
	<b>An international nomenclature of diseases</b> Z Bankowski, MD, and A H T Robb-Smith, FRCP..... 444	

*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.*

## Continued use of hormonal pregnancy tests

SIR,—Hormonal pregnancy tests (HPTs) were very widely used until the mid-1960s, when a general post-thalidomide reluctance to give drugs during pregnancy coupled with the development of simple immunological tests led to their gradual abandonment. In 1975 this trend was given official approval when the Committee on Safety of Medicines (CSM) issued a warning based on a preliminary report of an association between HPTs and subsequent congenital abnormalities.<sup>1</sup> The committee said then that HPTs should not be used.

Following a further report which confirmed the association,<sup>2</sup> the CSM issued a second warning in November 1977 and stated again that "hormonal tests for pregnancy should not be used. Alternative methods are available which are free from this risk." This warning received considerable publicity in the lay as well as the medical press and questions were asked in Parliament, where the Secretary of State declined to ban the proprietary drug concerned.<sup>3</sup>

Informal inquiries among colleagues indicated that HPTs were still being prescribed and I conducted a small survey to discover the extent of their use. During December 1977 and January 1978—that is, shortly after the latest CSM warning—600 consecutive patients requesting abortion were asked whether they had been given HPTs since the discovery of their latest pregnancy. Twelve patients (2%)

had received such tests. Six separate branches of the British Pregnancy Advisory Service took part in this survey and all reported at least one HPT per 100 patients, so that this finding is unlikely to reflect either chance or the presence of a particularly recalcitrant general practitioner in just one area.

The figure of 2% is almost certainly an underestimate of the actual use, because only a minority of the women had consulted a GP before coming to BPAS, so that most of them were not at risk. Although in some cases the GPs may have prescribed HPT in the belief that the pregnancy would be terminated and that teratological risks could therefore be ignored, some of the HPTs were prescribed by GPs who subsequently refused to refer the woman for abortion. In any case, a significant proportion of women change their minds about abortion and decide to go to term. No doubt some women ask for "something to bring on a period," but oestrogens are effective as abortifacients only within a day or two of conception and GPs are deluding themselves as well as their patients if they believe otherwise.

This study has revealed an area of persistent malpractice which represents an easily avoidable hazard. If banning the drug in question—Primodos—is thought an unacceptable infringement of professional freedom, perhaps the Department of Health and Social Security will consider making it a controlled drug with

a requirement that before prescribing it the doctor must satisfy himself by an immunological test that the recipient is not pregnant.

COLIN BREWER

British Pregnancy Advisory Service,  
Solihull,  
W Midlands

<sup>1</sup> Greenberg, G, *et al*, *British Medical Journal*, 1975, **2**, 191.

<sup>2</sup> Greenberg, G, *et al*, *British Medical Journal*, 1977, **2**, 853.

<sup>3</sup> Hansard, House of Commons, 21 November 1977, cols 465-467.

## Teratogenic effects of waste anaesthetic gases

SIR,—Knill-Jones *et al*<sup>1</sup> found no evidence of an excess of major congenital malformations among the 5175 offspring of British male anaesthetists. It would therefore be wise to interpret with caution Dr P J Tomlin's (14 January, p 108) finding of four children with congenital abnormalities and one with an ependymoma among 135 offspring of 75 Birmingham anaesthetists. If we assume that major congenital defects occur in about 1% of all births,<sup>1</sup> the probability of observing by chance four malformed children in a sample of 135 is about 0.05. This is not a rare occurrence. If, for example, we were to divide Britain up into areas each containing about 75 anaesthetists we would expect, by chance alone, a situation as extreme as or more extreme than that observed by Dr Tomlin to exist in 5% of them. Furthermore, studies of small series in which no odd effects are seen are neither likely to be submitted to journals nor published if submitted, so that the conventional method of assigning a P value to